APPLICATION FOR CHARLOTTE COUNTY BUSINESS TAX RECEIPT
Charlotte County Tax Collector 18500 MURDOCK CIR. PORT CHARLOTTE, FLORIDA 33948
Phone: (941) 743-1350

EASE PRINT	1.) Primary Business Activity (Please be specific):	8.) Date Business Opened in Charlotte County:	Acct.
	2.) Check Business Type: Professional Retail Service Contractor Mfg Wholesale Other	Month Day Year 9.) Total Number of Employees at this location (including owners):	#
	3.) Business Name:	10.) REQUIRED BY LAW (Provide One): Federal ID Number:	
	4.) Various Locations within the County 5.) Job Card # (attach copy) 6.) Commercial Business Location (actual address):	Last Four(4) of Social Security Number:	Receipt
	City:State:Zip:	11.) Ownership Information: 1 st Owner: 2 nd Owner:	ipt #
PL	7.) Mailing Address (if different):	Home Address: State: Zip:	
	City: State: Zip: Business Tel <i>e</i> phone: Cell Phone:	Phone: () Driver's License Number'(s)	
	Business E-mail:	Date of Birth:	
12.) HANDYMAN BUSINESS TAX: I am aware of the limitations on my work. I understand that I may not contract for, nor hold myself out as a contractor for any construction, repair, alteration, remodeling, addition or improvement on any building or s tructure.			
13.)	State License/Certification/Registration #(attach copy):	14.) Department of Revenue Sales Tax Number:	
15.) Accommodations and Vending Information (if applicable): Restaurants/Taverns/Bars, etc.: # of seats Laundromats: # of coin machines: Hotel/Motel/Bed & Breakfast/etc.: # of rooms Number of vending machines:			
16.) FICTITIOUS NAME REGISTRATION NUMBER:EXPIRATION DATE			
17.) This certifies that the above named business is exempt from registering for a Fictitious Name (check box)			
☐ It is a corporation registered with the Florida Secretary of State. Document #			
☐ I am licensed by the Department of Business and Professional Regulation or the Department of Health.			
It is operated under the legal name(s) of the owner(s). 18.) Exemptions per Florida Statute 205			
Check only one (attach a copy of proof of exemption) Must be a Charlotte County resident to qualify. If you are applying for the sixty-five exemption, you can have no more than one employee I am sixty-five (65) years old Disabled Veterans Charitable Organization (501c) attach copy			
I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH ZONING REGULATIONS, THE CHARLOTTE COUNTY MANDATORY RECYCLING ORDINANCE, AND ANY OTHER STATE, COUNTY OR CITY REGULATIONS. I SWEAR THIS APPLICATION FOR BUSINESS TAX IS MADE FOR THE PROFESSION OR BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT.			
	Signature:	Date:	
Visit our website at: http://taxcollector.charlottecountyfl.gov or contact us at 941-743-1350			

CHARLOTTE COUNTY BUSINESS TAX RECEIPT INSTRUCTIONS

CHARLOTTE COUNTY TAX COLLECTOR 18500 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 (941) 743-1911 OR (941) 743-1362

- 1. TYPE OF BUSINESS CONDUCTED: Enter a description of the business activity (BE SPECIFIC)
- **2. TYPE OF BUSINESS:** Self explanatory.
- **3. BUSINESS NAME:** Enter your name or the name you will be doing business in. If you will be using a fictitious name, this must be applied for first @ www.sunbiz.org. (#16)
- **4. VARIOUS LOCATIONS:** Check this box if you will be doing business at different locations throughout the county. (You do not have a commercial location.) ex: handyman or lawn service
- 5. JOB CARD#: Every commercial location must go through zoning and get a job card. (attach a copy)
- **6. COMMERCIAL BUSINESS LOCATION:** Actual physical address of the business (if you have marked #4 please enter various locations).
- **7. MAILING ADDRESS:** (if different than business location) **PLEASE BE SURE TO COMPLETE ALL PHONE NUMBER INFORMATION!**
- 8 & 9. SELF EXPLANATORY
- 10. FEDERAL ID OR SOCIAL SECURITY NUMBER: This is required by law.
- **11. OWNERSHIP INFORMATION:** Name of owner of business (If it is a corporation, LLC, etc. please enter the information here). 2nd owner should be corporate officer or qualifying officer. Address & phone number must also be completed (**NO PO BOX-MUST BE PHYSICAL ADDRESS**). Owners driver license number and date of birth must also be completed. **(SUBMIT A COPY OF DRIVER LICENSE)**
- **12. HANDYMAN:** Please read carefully and initial the box.
- **13. STATE LICENSE OR CERTIFICATION NUMBER:** Application will not be processed for contractors, attorneys or any other regulated professional unless a **COPY** is attached.
- **14. DEPT OF REVENUE SALES TAX NUMBER:** Please attach a copy of your certificate (if applicable).
- 15. ACCOMODATIONS & VENDING INFORMATION: If applicable.
- **16. FICTITIOUS NAME REGISTRATION NUMBER & EXPIRATION:** The fictitious name must be registered with the state before the business tax receipt can be issued. (www.sunbiz.org) If this has been done please enter your fictitious registration number along with the expiration date.
- **17. FICTITIOUS NAME EXEMPTION:** Please check the appropriate box if exempted.
- 18. EXEMPT FROM PAYMENT: If you qualify for one of the exemptions you must provide proof. (PERSONS 65 OR OLDER MUST BE A RESIDENT OF THIS COUNTY AND CANNOT HAVE MORE THAN 1 EMPLOYEE)

***BE SURE TO READ THE FINAL STATEMENT ON THE APPLICATION, SIGN AND DATE THE FORM AND RETURN TO US WITH THE APPROPRIATE FEES. ALL INCOMPLETED APPLICATIONS WILL BE REJECTED AND RETURNED! ***

IMPORTANT CONTACT INFORMATION

Charlotte County Building Construction Services (941) 743-1201

www.charlottecountyfl.com

Charlotte County Zoning Department (941) 743-1964

www.charlottecountyfl.com

Florida Department of Agriculture

& Consumer Services (DACS) (800) 435-7352

www.800helpfla.com

Florida Dept of Elder Affairs (ELDER)

(800) 963-5337

http://elderaffairs.state.fl.us/

Florida Dept of Financial Services (DOI)

(800) 342-2762 www.fldfs.com Florida Dept of Environmental Protection (DEP)

<mark>(850) 245-2118</mark>

www.dep.state.fl.us

Florida Dept of Business & Professional Regulation

(DBPR)

(850) 487-1395

www.myflorida.com/dbpr

Florida Dept of Health (DOH)

850-245-4321

www.doh.state.fl.us

Florida Dept of Children and Families (DCF)

(850) 487-1111

www.myflorida.com/cf web

Agency for Health Care Administration (AHCA)

888-419-3456

www.fdhc.state.fl.us

Florida Dept of Community Affairs (DCA)

(850) 488-8466

www.dca.state.fl.us

Florida Dept of Revenue (DOR)

(800) 352-3671

http://sun6.dms.state.fl.us/dor

Florida Dept of Education (DOE)

(850) 245-0505

www.fldoe.org

Florida Dept of Highway Safety & Motor

Vehicles (DHSMV) (850) 922-9000

www.hsmv.state.fl.us



CHARLOTTE COUNTY PROPERTY APPRAISER Paul L. Polk, CFA

18500 Murdock Circle Port Charlotte, FL 33948-1076 (941) 743-1476 Fax: (941) 743-1499 Web Site: www.ccappraiser.com ,

Email: tpp@ccappraiser.com

IMPORTANT – PLEASE READ

TANGIBLE PERSONAL PROPERTY FILING REQUIREMENTS

Unless expressly exempt, Section 196.011, Florida Statutes requires the ad valorem taxation of all property located in this state, both real and personal. The application for a business tax receipt to conduct a business in Charlotte County is an indication that you are, or will be, in possession of tangible personal property that must be placed on Charlotte County's ad valorem tax roll.

Any item owned and used in your business venture is considered tangible personal property, this includes any furnishings, fixtures and equipment. All property utilized by your business must be reported on the annual tangible personal property tax return.

A tangible personal property tax return will be mailed to you in January. THIS FORM MUST BE COMPLETED and returned to us by April 1 to be eligible for up to a \$25,000 exemption on tangible personal property. If you feel this form does not apply, contact our office promptly.

The Tangible Personal Property Department is located in the Murdock Administration Center, Room 333, at 18500 Murdock Circle, and can be reached by telephone at (941) 743-1476 or email tpp@ccappraiser.com. If you have any questions concerning tangible personal property, please let us hear from you.

Paul L. Polk, CFA Cert. Gen. RZ2940 Charlotte County Property Appraiser